

ATTITUDES AND PRACTICE PATTERNS REGARDING TRIAL OF LABOR AFTER CESAREAN DELIVERY

Abstract

Background: The United States cesarean delivery rate has increased drastically with repeat cesarean playing a large role. Trial of labor after previous cesarean (TOLAC) is feasible for many women with prior cesarean delivery (CD). As TOLAC rates appear to be decreasing, there is great interest in assessing ways to increase the TOLAC rate,

Methods: We invited South Carolina obstetricians to participate in an anonymous web-based survey to assess practice patterns and management of patients with prior CD.

Results: Of 58 responses, 48 were eligible for statistical analysis. 58% classified their hospital as urban, 27% as academic. 33% completed residency 21-30 years ago. 4% never offer TOLAC. Reported barriers to TOLAC included concern over liability (45%), prior adverse outcome (38%), anesthesia not immediately available (7%), hospital policy (17%). 92% indicated TOLAC is a reasonable option for many women with one prior CD. 68% indicated that ACOG outlines clear TOLAC guidelines. 71% do not use a scoring system to predict successful vaginal birth after cesarean. 67% will induce labor in patients desiring TOLAC. 85% frequently counsel appropriate patients towards TOLAC; 63% reported the majority of patients did not accept TOLAC after counseling.

Discussion: Hesitation to offer TOLAC centers around associated potential complications of failed TOLAC. The majority of obstetricians surveyed reported TOLAC is a reasonable option for women with a history of one CD, but provider counseling appears to significantly impact the current TOLAC rate.